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37499 7590 05/13/2010

ONYX PHARMACEUTICALS, INC.  
2100 POWELL STREET  
12TH FLOOR  
EMERYVILLE, CA 94608

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Ann S. Chihak Poff

(Depositor's name)

*Ann S. Chihak Poff*  
25 June 2010

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
H1669768	09/2/2003	Yujiao Shen	ONYX1047-DIV	8115

TITLE OF INVENTION: ADENOVIRUS E1B-55K SINGLE AMINO ACID MUTANTS AND METHODS OF USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL PREPAID DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/13/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
MARVICH, MARIA	1633	435-456000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached	<input type="checkbox"/> Gary R. Fabian

<input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02, or more recent) attached. Use of a Customer Number is required.	<input type="checkbox"/> Gregory J. Giotta
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLAUSIBLE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Onyx Pharmaceuticals, Inc.

## (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Emeryville, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (*if* small entity discount permitted)  
 Advance Order - # of Copies **two (2)**

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **15.0615**. *Send me an extra copy of this form.*

## 5. Change In Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(3).

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Authorized Signature *[Signature]*  
 Typed or printed name **Gregory J. Giotta**  
 Date **6/25/10**  
 Registration No. **32,028**

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